

THE NATIONAL CANCER INSTITUTE
FISCAL YEAR 2004 APPROPRIATIONS REPORT LANGUAGE COMPARISON

H.R. 2660
Committee Report (108-188)

S. 1356
Committee Report (108-81)

H.R. 2673
Conference Report (108-401)

	NIH	
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The Committee provides \$27,663,991,000 for the 26 appropriations which together fund the programs of the NIH.

This amount is \$681,387,000 above the 2003 level, and is the same as the budget request.

The Committee recommends \$27,990,804,000 for the NIH.

This amount is \$1,000,000,000 above the 2003 level and \$326,813,000 over the budget request.

NCI		
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The Committee provides \$4,770,519,000 for the National Cancer Institute (NCI).

This amount is \$178,171,000 above the 2003 level, and the same as the budget request.

The Committee recommends an appropriation of \$4,770,519,000 for the National Cancer Institute (NCI).
This amount is equal to the budget request.

For carrying out section 301 and title IV of the Public Health Service Act with respect to cancer, \$4,770,519,000

Behavioral research - The Committee recognizes the enormous progress NCI has made in the quality and breadth of cancer-related behavioral science, ranging from basic bio-behavioral research to health communication research and tobacco control research.

Blood cancers - The Committee urges the NCI to continue to implement the research priorities for leukemia, lymphoma, and multiple myeloma included in the May 2001 Progress Review Group Report.

Cancer and minorities - The Committee remains concerned that the cancer rates for Native Hawaiians and other Native American Pacific Islanders are disproportionately high. The Committee encourages the NCI to expand research in this area.

Cancer centers - The Committee requests that NCI explore innovative and creative ways to share information throughout the cancer community, utilizing the infrastructure of the national cancer centers program. **The Committee encourages NCI to consider establishing a comprehensive center at a minority institution focused on research, treatment, and prevention of cancer in African Americans and other minority communities.**

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Cancer survivorship - More must be done to improve the understanding of the growing cancer survivorship population, including determinations of physiological and psychological late effects, prevalence of secondary cancers, and further development of effective survivorship interventions. **The Committee supports an aggressive expansion of the NCI Office of Cancer Survivorship (OCS) activities and urges the NCI to continue its work to expand the OCS within NCI, as well as advance and increase opportunities in cancer survivorship. The Committee urges NCI to provide increased funding for cancer survivorship research.**

Neurofibromatosis (NF) - The Committee is concerned about recent declines in funding for NF research, recognizing NF's connection to many of the most common forms of human cancer. **The Committee encourages NCI to substantially increase its efforts in NF research in further development of animal models, natural history studies, therapeutic experimentation, and clinical trials.**

Neurofibromatosis (NF) - **The Committee encourages NCI to intensify and expand its NF research portfolio in such areas as molecular biology, development of animal models, natural history studies, malignant transformation in tumors, therapeutic intervention, and clinical trials.** It recommends that NCI use all available mechanisms, including requests for applications, program announcements, and the national cooperative drug discovery group program to achieve this end.

Neurofibromatosis (NF) - **The Committee expects NCI to coordinate its efforts with other Institutes and to be prepared to report on its progress at the fiscal year 2005 appropriations hearings.**

Neurofibromatosis (NF) - The Committee encourages NCI to increase its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation, and clinical trials.

Chronic lymphocytic leukemia (CLL) - The Committee strongly encourages NCI to increase the level of research aimed at determining the underlying cause and optimum therapies for CLL. **The Committee further urges NCI to expand funding for the CLL Research Consortium to speed up the progress in finding significant scientific breakthroughs.**

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Liver cancer - The Committee is concerned that primary liver cancer continues to be one of the few forms of cancer for which incidence is growing. NCI is planning a joint meeting with NIDDK for April 2004. The Committee hopes that this meeting will result in a strong plan for future research in liver cancer that will reverse the current increases.

Liver cancer - The Committee is concerned that primary liver cancer continues to be one of the few forms of cancer for which incidence is growing. NCI is planning a joint meeting with NIDDK for April 2004. It is critical that this meeting result in a strong plan for future research in primary liver cancer that will reverse the current increases.

Lymphoma - The Committee recommends that NCI increase its efforts to examine the issue of environmental and viral links to lymphoma. **The Committee recommends that NCI work to develop a well-constructed prospective study, using a multidisciplinary approach to examine environmental links, such as chemicals, pesticides and herbicides, to lymphoma.**

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Lymphoma - Recent reports suggest that more than 40% of lymphomas tested were positive for Simian Virus 40. Other studies have found an association between other viruses, such as human herpes virus 8 and hepatitis C, and lymphoma. The Committee encourages NCI to increase its efforts to examine the viral etiology of lymphoma.

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Hodgkin's and Non-Hodgkin's lymphoma (NHL) - Since NHL treatments are not adequate, **the Committee encourages NCI to increase its investment in clinical research on lymphoma and strengthen its collaboration with industry to improve the efficiency and timeliness of the lymphoma drug development process.**

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Hodgkin's and Non-Hodgkin's lymphoma (NHL) - The Committee also recommends that NCI increase its investment in several other areas of research, including research on nonablative transplants, immunomodulatory regimens, central nervous system lymphoma, the late and long-term effects of current lymphoma treatments, and lymphoma etiology and prevention.

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Pancreatic cancer - It is the fifth leading cause of cancer death, and 99% of those diagnosed die within six months. The Committee encourages NCI to begin to implement the short- and medium- term strategies identified in the strategic plan to address the recommendations of the pancreatic cancer progress review group. NCI is encouraged to place particular emphasis on developing a critical mass of researchers in pancreatic cancer. **The Committee requests a report in March, 2004 of the specific budgetary and programmatic actions planned to respond to the strategic plan.**

Pancreatic cancer - It is the fifth leading cause of cancer death, and 99% of those diagnosed die within six months. The Committee is concerned that research funding for pancreatic cancer has not increased commensurate with the severity of this disease or the overall increase afforded NCI within the past 5 years. **The Committee strongly urges NCI to complete the immediate and short-term strategies identified in the "Strategic Plan for Addressing the Recommendations of the Pancreatic Cancer Progress Review Group" issued by NCI in September 2002. The Committee also asks that NCI complete a professional judgment budget to carry out those strategies and to provide it to the Committee by April 1, 2004.**

Diethylstilbestrol (DES) - The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone DES. **The Committee expects NCI to continue its support of research in this area, and to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.**

Diet and nutrition - The Committee encourages NCI to dedicate more funding to research and education programs focused on diet and nutrition.

Myelodysplasia and myeloproliferative disorders - **The Committee encourages NCI to carry out the recommendations of its recent conference of experts on these diseases** and to advance new research initiatives into developing effective treatments.

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Chronic myeloproliferative disorders - The Committee strongly believes that NCI should expand research into polycythemia vera, idiopathic myelofibrosis and essential thrombocytosis, and be prepared to report to the Committee during the fiscal 2005 budget hearing about existing efforts, as well as planned future efforts, to better understand these disorders.

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Gynecologic cancers - The Committee believes the CanCOR program should be expanded to help identify barriers to receiving optimal care among women with newly diagnosed gynecological cancer. **The NCI should also develop prophylactic and therapeutic HPV vaccines to prevent cervical cancer and strengthen research in the biology of endometrial cancer in order to improve prevention and treatment, thus sparing women the need to undergo hysterectomy and other cancer therapy.** The Committee also believes that NCI should partner with the NICHD Reproductive Sciences Program to investigate gynecological cancer.

Brain tumors - The Committee encourages NCI, in cooperation with the National Institute of Neurological Disorders and Stroke (NINDS), to more fully support brain tumor research, including the brain tumor Specialized Programs of Research Excellence (SPORE) grants.

Brain tumor - **The Committee strongly urges NCI to increase funding and the number of Specialized Programs of Research Excellence in Brain Tumors (SPORE) grants in the upcoming fiscal year**, with particular emphasis on those proposals which include both basic research and clinical treatment applications.

Brain tumors - The Committee encourages NCI and NINDS to consider developing a plan to establish coordinated tumor banks to bank tissue, blood, and cerebrospinal fluid from patients with all varieties of brain tumors. **The Committee requests a copy of the plan within six months of the enactment of this bill.**

Brain tumor - **The Committee urges NCI and NINDS to establish a coordinated and multi-institutional tumor bank to bank tissue, blood, and cerebrospinal fluid from patients with all varieties of brain tumors.** This system should also be linked to a comprehensive database of relevant clinical, demographic, pathologic, biologic, and therapeutic information on all patients whose tissue is banked.

Health communications - The Committee encourages NCI to provide additional information about the HINTS survey (the first national health communications survey that will involve 8,000 people) that will commence this year.

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Cancer genomics - Considerable effort must be directed to apply our understanding of the role of genomics and genetics in the progression of cancer to tumor classification and therapeutic choice, with a focus on breast, colorectal and lung cancer, and leukemia and lymphoma. It is important to build a public database of whole genome expression profiles from various tumor types, which includes clinical outcome information. **The Committee encourages NCI to ensure that this data is available to health professionals to assist physicians and patients in choosing the best treatment options.**

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Imaging systems technologies - **The Committee urges NCI to continue to take a leadership role with the Centers for Medicare and Medicaid Services (CMS) and the Food and Drug Administration to avoid duplicate reviews of new imaging technologies.** The Committee continues to support NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as positron emission tomography (PET) and Micro PET. The Committee continues to encourage the large-scale testing of women for breast cancer and men for prostate cancer to demonstrate and quantify the increased diagnostic and staging capabilities of PET relative to conventional technologies like mammography.

American Russian Cancer Alliance - The Committee recommends that NCI promote, facilitate, and support the development of the Alliance in order to bolster cancer research and treatment opportunities in the U.S. Cancer Centers.

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Kidney cancer - The Committee is concerned about the growing incidence of kidney cancer. The Committee is also concerned that treatment options are very limited, particularly for late-stage kidney cancer patients. Therefore, the Committee strongly urges NCI to place a greater emphasis on and dedicate expanded resources to research on kidney cancer. The Committee requests NCI to convene an expert conference by December 2003 to develop a short- and long-term research agenda and action plan for improving the diagnosis and treatment of kidney cancer. The Committee recommends that the conference include patient advocates.

Bone metastases - **The Committee urges NCI to continue its emphasis on studying the bone microenvironment and bone metastasis related to prostate and breast cancer, and multiple myeloma, and to support research to delineate the mechanisms of reciprocal interactions between tumor cells and bone.** NCI is also encouraged to establish a repository of human bone metastases for the scientific community and support research to generate three-dimensional in vitro and/or in vivo models that yield bone metastasis.

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Multiple myeloma - The Committee is pleased that NCI has developed the Academic Public Private Partnership Program to facilitate public-private partnerships in research on orphan cancers, including blood-related cancers, but **strongly urges additional efforts to accelerate the development of blood cancer therapies.**

Multiple myeloma - The Committee encourages NCI to develop funding mechanisms for translational blood-related cancer research that will facilitate multi-disciplinary and multi-institutional research collaborations. **The Committee also urges NCI to increase its overall investment in blood cancer research, including but not limited to its investment in these multi-institutional research grants. The Committee requests that NCI submit a report on the status of its blood cancer research program by April 2004.** (Same language repeated later under 'organ cancers ')

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Tobacco harm reduction - The Committee is aware of the collaborative research effort between NCI and CDC on analyzing tobacco products and harm reduction. **NCI should be prepared to report to the Committee during the fiscal year 2005 budget hearings on the findings of this collaboration with regard to the effectiveness of harm reduction for those tobacco users who are unable to quit.**

Nanosystems biology - The Committee encourages NCI to support a collaborative effort to bring nanotechnology, systems biology, and molecular imaging together to examine the molecular basis of cancer. Bringing these three disciplines together may allow researchers to identify specific sub-types of cancer and to better target new interventions.

Organ cancers - [NCI believes the Committee meant 'Orphan Cancers'] The Committee encourages NCI to develop funding mechanisms for translational blood-related cancer research that will facilitate multi-disciplinary and multi-institutional research collaborations. **The Committee also urges NCI to increase its overall investment in blood cancer research, including but not limited to its investment in these multi-institutional research grants. The Committee requests that NCI submit a report on the status of its blood cancer research program by April 2004.**

(Same language repeated in 'multiple myeloma' section.)

Office of the Director		
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The Committee provides \$317,983,000 for the OD, which is \$51,751,000 above the 2003 level, and the same as the budget request.	The Committee recommends \$323,483,000 for the OD.	For carrying out the responsibilities of the Office of the Director, NIH, \$329,707,000
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The Director is encouraged to maximize the use of the Director's Discretionary Fund to implement the "roadmap" being developed by NIH to structure its future research portfolio. Within this supported research, the Committee urges the Director to emphasize translational and clinical research designed to expedite delivery of new treatments with therapeutic promise and cures to patients with serious and degenerative illnesses.

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Clinical research - The Committee recommends that as part of the "roadmap" initiative, the Director develop recommendations to address impediments to the translation of scientific advances into improved patient care, with special consideration given to: providing clinical research infrastructure support grants to eligible institutions; support and/or restructuring of the institutional review board system; and the harmonization and streamlining of NIH, FDA, NSF and DoD regulations governing clinical research. The Committee would like to hear NIH's response to these recommendations in the fiscal year 2005 hearings.

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Cooperation with the Veterans Health Administration - The Committee urges increased cooperative efforts between NIDDK, NCI, and the Veterans Health Administration to screen, diagnose, and manage the medical issues associated with hepatitis C and liver cancer.

Practice-based clinical research networks - The Committee encourages the Director of the NIH to consider incorporating the model of the Agency for Healthcare Research and Quality (AHRQ) of practice-based networks into NIH-supported clinical trials. This model includes specialty practitioners at the community practice level, thus ensuring adequate representation of patients from all age, sex, and cultural groups in clinical studies, and increasing the number of practicing clinicians who are trained to undertake clinical research.

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Human Embryonic Stem Cell Research - Over the past several years, the Committee has heard from multiple witnesses, including former NIH and NCI directors, about the promise of human ES cell research to better understand and treat cancer. The Committee expects to hear from NCI during the fiscal year 2005 hearings on their plan to vigorously implement a human ES agenda.

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Graduate training in clinical investigation awards - The Committee encourages NIH to implement these awards in 2004 or to report to the Committee by March 1, 2004 why it has chosen not to do so.

Outreach to Hispanics - The NIH is encouraged to increase funding for its Projecto Ciencia initiative with expanded emphasis on increasing outreach to Hispanic consumers, Hispanic participation in clinical trials, NIH training and research opportunities, especially as principal investigators. These efforts will support the NIH plan to eliminate racial and ethnic disparities.

Genomics - The Committee urges the Director to continue to ensure that the institutes and centers are pursuing every available opportunity to advance genomics research.

Genomics - The Committee urges the Director to continue to ensure that the Institutes and centers are pursuing every available opportunity to advance genomics research.

Translational research initiative - The accumulation of scientific knowledge for its own sake is of little value unless it finds its way to hospitals and physicians. The Committee urges the Director to devote a significant amount of resources for translational and clinical research designed to develop and deliver new treatments and cures with scientific and therapeutic promise to patients with serious illnesses.